DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445013	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, CHATTANOOGA	2700 PARKWOOD AVE CHATTANOOGA, TN 37404

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K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all exits were readily accessible and free from obstructions. The findings include: Observation on November 13, 2012 between the times of 2:30 p.m. and 4:05 p.m. revealed the following exits were obstructed: 1. Back exit doors in the laundry department could not open completely due to various items stored outside in front of the exit doors. 2. Carts, Lifts, Weight Scales, and other objects were not being used and left in the corridor throughout the day during the survey. 3. Exit door by room 428 did not release upon activation of the fire alarm. These findings were verified and acknowledged by the maintenance director during the exit conference on November 13, 2012.	K 038	K 038 SS=D Corrective Action: 1. The exit area by laundry will be cleared so that there can be clear exit egress. To be completed by: 2. The exit door by room 428 will be repaird to release upon activation of the fire alarm. To be completed by: 3. CNA's will be reinserviced on keeping all carts or obstructions on one side of the hallway or removed from hallway to allow for an exit access of at least 4 feet. To be completed by: Identifying Other Patients / Areas: 1. All other exits were clear of any obstructions. 2. All other exit doors released upon activation of fire alarm. Measure & Changes to be taken: 1. None other than corrective action detailed above. Monitoring Performance: Administrator or designee will use a QA monitor that will be developed to check exits are free of obstructions, exit doors release during fire drills and corridors have at least 4 feet exit access. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by:	12/15/12 12/15/12 12/30/12 12/30/12
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

12/17/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the safety of the residents during the fire drill. Observation on November 13, 2012 at 4:10 p.m. revealed during the fire drill residents were left out in the corridor and commons area in station 1 and station 2 of the facility. This finding was verified and acknowledged by the maintenance director during the exit conference on November 13, 2012.	K 050	K 050 SS=F Corrective Action: 1. Though the 2 residents identified were far removed from the location of the fire drill on Station 3 and seperated by multiple fire doors, all Nursing Staff will be reinserviced on removing residents from the corridor and common areas during fire drills and in the event of a fire. To be completed by: Identifying Other Patients / Areas: 1. No other residents were affected during the observed fire drill. Measure & Changes to be taken: 1. None other than corrective action detailed above. Monitoring Performance: Administrator or designee will use a QA monitor that will be developed to monitor corridors and common areas during fire drills. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by:	12/30/12
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to assure all sprinkler components were being maintained. The findings include: Observation and record review on November 13,	K 062	K 062 SS=D Corrective Action: 1. The control valve in the fire pit will be repaired or replaced. To be completed by: 2. The wet system sprinkler head outside the kitchen utility room will be replaced with a dry system sprinkler head. To be completed by: (continued on next page)	12/30/12 12/30/12

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K 062	Continued From page 2 2012 between the times of 12:00 p.m. and 3:00 p.m. revealed the following: 1. Record review revealed the control valve in the fire pit could not operate and needed to be replaced. 2. Observation in the outside kitchen utility room had a wet system sprinkler head that was subject to freezing weather. These findings were acknowledged and verified by the maintenance director during the exit conference on November 13, 2012.	K 062	K062 continued: Measure & Changes to be taken: 1. None other than corrective action detailed above. Monitoring Performance: 1. Administrator or designee will use a QA monitor that will be developed to monitor the control valve in the fire pit to ensure it operates properly. The QA monitor will begin after the control valve has been repaired or replaced. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by:	12/30/12 12/30/12
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review the facility failed to run the generator for 30 minutes monthly. Record review on November 13, 2012 at 11:45 a.m. revealed that the generator was being run for approximately fifteen (15) to twenty (20) minutes monthly. This finding was acknowledged and verified by the maintenance director during the exit conference on November 13, 2012.	K 144	K 144 SS=D Corrective Action: 1. The generators will be inspected and exercised under load for 30+ minutes per month in accordance with NFPA 99. To be completed by: Identifying Other Patients / Areas: 1. No other areas were identified during the survey. Measure & Changes to be taken: 1. Maintenance Staff will be inserviced on inspecting and exercising generators under load for 30+ minutes per month in accordance with NFPA 99. To be compelted by: (continued on next page)	12/30/12 12/30/12

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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation the facility failed to install and use electrical equipment properly. The findings include: Observation on November 13, 2012 between the times of 3:00 p.m. and 5:30 p.m. revealed the following locations have electrical equipment installed and used improperly: 1. Sprinkler riser room in the front lobby has two (2) extension cords installed and ran above ceiling. 2. Rooms 109, 111, and 117 have oxygen concentrators plugged into power strips. These findings were acknowledged and verified by the administrator during the exit conference on November 13, 2012.	K 147	K 144 continued Monitoring Performance: 1. Administrator or designee will use a QA monitor that will be developed to monitor the inspection and exercise of all generators under load for 30+ minutes each month. The QA monitor will be monthly for 3 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by: K 147 SS=D Corrective Action: 1. The 2 extension cords in the sprinkler riser room have been removed. To be completed by: 2. The concentrators in rooms 109,111 and 117-were removed from being plugged into a power strip and plugged into the wall. To be completed by: Identifying Other Patients / Areas: 1. No other areas were identified during the survey. Measure & Changes to be taken: 1. Maintenance Staff will be inserviced on the use of extension cords and power strips. To be compelted by: (continued on next page)	12/30/12 11/30/12 11/30/12 12/30/12